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DEPARTMENT OF PUBLIC HEALTH NURSING

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National Organization for Public Health Nursing

THE MATERNITY AND INFANCY LAW AND STATE NURSE DIRECTORS

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WITH the increasing demand for the services of well trained nurses who can direct educational health campaigns, as well as skillfully care for the sick, and with an increasing demand for the development of sound and attractive child health programmes on a state-wide basis, we face an unusual problem touching ultimately every phase of life.

This twentieth century does belong to the child, and unless we as nurses—not public health nurses as usually so designated, but all nurses—meet this challenge and take advantage of the great opportunities presented to us for the betterment of child life, we shall be liable to the reproach of those who follow us.

Are our training schools for nurses giving adequate training relative to normal child life and health? Do pupil nurses receive sufficient training in the care of common illnesses, in the quick recognition of first symptoms, or do they think only in terms of the sick child, and of surgical care? Are we demanding that they appreciate the value of breast milk for the child, and know how to teach the mother the best methods for stimulating the flow of breast milk? Do we comprehend not alone the mortality rate, but the high damage rate, of contagious diseases? Every nurse should accept her responsibility for teaching the importance of preventive measures and the wisdom of deferring contagious diseases until as late a date as possible, for with added years comes a lessened susceptibility. No one knows just how extensive are the after results of uncontrolled contagious epidemics. We do, however, know that measles tends to lower resistance to tuberculosis, a disease contracted in childhood; we do know of damaged hearing, weakened eyesight and other complicating handicaps from lack of an appreciation of the need for control in contagion, but do we disseminate this information until every mother realizes the danger for her child?

How far are we inculcating in their minds fundamental principles of nutritional knowledge as practically applied to the feeding of children? How many nurses are taught vividly the need for establishing right health habits in children,—mental and physical? Do we who go into homes, as do no other class of people, help the mother to

see that proper discipline of the child is a part of its mental training; something very practical which may affect all of its future happiness? It is a never ending circle and the foundation for this fascinating, inspiring work for children must be laid in our training schools.

With a desire to visualize some of the important posts already in existence, I present a brief of some activities of nurses who, as State Directors of Bureaus of Child Hygiene, are planning for the administration of the new Sheppard-Towner Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy. Of the 48 states, 22 have already accepted the Maternity Act within two months of its passage. Fourteen nurses, as Child Hygiene Directors, under State Departments of Health, are planning for the administration of this Act.

In planning effectively big State policies for the health of mothers and children, it must be understood that this one phase of public health nursing demands an educational background, thorough grounding in obstetrics, and an intensive training in the care of children.

Oregon, one of the first five states to accept the Act, has a Director of Public Health Nursing, Jane Allen, with an Associate Director, Cecil L. Schreyer, who is outlining the Child Hygiene programme. I have combined a part of their definition of the scope of the Bureau with a part of that of Alabama, making what seems to be an inclusive definition of the various State plans. It is that "adequate accessible and acceptable maternity care * * * may be made available to citizens of all classes in every section of the country." Some of the outstanding points in all of the State programmes sent in are:

Education—in every possible manner, making it possible for every expectant mother to receive, as her right, and in an educational form, information from the State Department of Health relative to her needs.

Each State seems to appreciate the value of Advisory Boards composed of representatives from organizations, throughout the State—some even have national representatives, who are definitely interested in the health of the mother and child.

Each programme has included in its plan pre-natal conferences for mothers, making it possible for them to have early physical examinations. Those examinations, wherever possible, are to be made by their own physician, but in some way this first opportunity for knowing conditions is to be arranged for. Proper and helpful instructions and directions are to follow this examination; some to be given by the obstetrician, some by the nurse—so that the preparation for the sacred function of entrance into life may not be an haphazard affair.

All Bureaus are striving to make adequate service accessible to the most isolated expectant mother.

Many states have for some time been sending pre-natal letters to expectant mothers. New Zealand goes further than does any of our states. A booklet, "The Expectant Mother and Baby's First Month," is sent gratis to every married

woman under 35, throughout the Dominion. The response to this venture of sending the booklets into all homes through the country is shown by the increased number of young expectant mothers seeking the advice of the "Plunket Nurses," the public health nurses of New Zealand.

Institutes are planned, with the purpose of rendering assistance to the nurses in the field, making it possible for them to discuss their individual problems and to learn best methods of procedure.

All states emphasize the need for stimulating efforts for complete birth registration.

Satisfactory record forms and adequate reporting systems are included in each programme.

Instruction and supervision of midwives seem to be a necessary part of the programme,—just so long as we have untrained midwives practising among our clientele. Most of us little appreciate the significance of a situation such as the one in Mississippi, where there are 4,000 colored midwives in the State, most of whom are illiterate. To prevent infections leading to septicaemia, for they do not know cleanliness, the rule against digital examinations has been rigidly enforced. The midwives quickly take to the wearing of an all-over white gown, for to them it is a "robe." The need for teaching them to deliver their patient on a bed instead of on the floor is a long way from our training school day methods! Yet just such conditions must be met in a practical manner in some of our southern states.

Oregon stresses the need for adequate care for the prevention of ophthalmia neonatorum. Just getting the information across is somewhat of a problem when, within a week, the Director goes from one country where the thermometer registers 25 degrees above zero to another section where it registers 40 below zero. Miss Schreyer reports:

Our train journey took us over three mountain ranges, two of which were 5,080 feet high and the third and last was a mile above sea level. In between we dropped down in each case to about 4,500 feet, and on the last peak after crossing the highest point and beginning to descend, the road makes what they call a "switch back." It goes apparently to the end then switches back on itself, but down the grade, so that the train runs first forward then backward, then forward again, until it has gotten quite a grade down the mountain and has formed an almost perfect letter N. We stopped for the trainmen to get under control two fires that had gotten started beside the track. A dirtier ride, I never want to take, but it was very interesting. Tomorrow I give my little speech to the teachers here and move on to Burns, the county seat of Harney County and 35 miles from the nearest railroad. It is 146 miles, however, from Bend, where I am due on Saturday, and that must all be made by stage. You can see that this is not by any means a pleasure trip, but it is worth while and gratifying.

If you have ever been in Montana, you will know why I jump from Oregon to Montana, for it has such wide stretches of open country, even the school children must board at the school and go home only for week-ends during the winter months. Miss Muckley writes that because of this wide territory, they must plan their work by districts rather than by counties.

Miss Marriner from Alabama sends a comprehensive and entertaining report of the year's work, outlining in detail the advantages and disadvantages of various ways of attacking this relatively new problem: (a) holding demonstrations in centers which are well organized, with well trained health officers; (b) where proper facilities are not available; or (c) a combination of the two.

All these plans have been presented to the State Department and to the various groups interested, for their consideration and approval.

Maine, through Edith L. Soule, has been devoting most of its time to the organization of a Public Health Nursing staff and is now in a position to focus intensively on the Child Hygiene programme. In addition to the other itemized sub-headings under which her programme is to be developed, she definitely plans to study conditions of women in industry, mill, factories, and farming sections, with the hope of bringing about measures to relieve expectant mothers from labor for a definite period before and after confinement.

This carries us back to Wisconsin, where Mrs. Morgan is planning to hold short institutes for capable women who will go into the home, assist with the household duties and give some care to mothers before and after confinement; these institutes are to be held in connection with the Maternity Conferences. Mrs. Morgan will also assist in the promoting of the establishment of maternity hospitals and maternity wards in existing hospitals. Wisconsin is one of the fortunate states with a "Child Welfare Special." It also has a University extension service which makes it possible for the rural physician to obtain scientific information from the Pediatric Department of the University, relative to the care of children.

While we have not seen the Child Hygiene programme from North Carolina, the fact that Miss Ehrenfeld has had a part in the development of clinics throughout the State in the past two years gives her an organization already in the field which will be invaluable. Since their first rural tuberculosis diagnostic clinic was opened there have been 36 such clinics established in 25 counties with about 4,000 examinations.

Arkansas, through Miss Beauchamp, sends a characteristic story of the devotion of its people to the nurse. When the Federal Children's Bureau "Special" arrived on its initial visit to ten of the counties, one colored mammy eloquently expressed it, "Dar, dar, chile, it cum,—yor Uncle Sam has sho sent dat lady doctor to hep yor niggers."

Even knowing the area of New Mexico, we were somewhat staggered to think of working at a concrete problem for an area of 122,500 square miles, with a population of only 360,000. If it is

difficult to secure adequate funds in congested sections, what must be the problem when trying to inaugurate health measures under such conditions? "In three counties only," Miss Tupper writes, "are there two or more nurses working. "Consequently, a nurse's efficiency is measured by the dauntless spirit of resourcefulness with which she adapts the fundamental principles of public health nursing to underdeveloped or isolated communities." Despite these tremendous handicaps, New Mexico's plan for Maternal and Child Hygiene work is fascinating reading, and we feel sure the women who struggled so faithfully for four years to put across a national measure which will assist isolated counties must feel repaid.

Miss Leck, in Michigan, has enthusiastically developed her Child Hygiene programme throughout the State; one feature of note being the nurses' part in the first annual institute held in November, where various phases of child health were discussed. Of the 46 counties having public health programmes, 34 were represented by nurses.

West Virginia and Connecticut, as State Child Hygiene Departments, are represented by Mrs. Dillon and Miss Stack on a Central Committee of the National Organization for Public Health Nursing for the consideration of the nurses' part in a Maternal Welfare programme. Miss Stevens, Director of the N. O. P. H. N., is Chairman of the Committee. Reports from two State Directors of nurses have not yet been received, but with a vivid remembrance of a trip across Texas on a hot September day, I appreciate the size of the State and think my request for information may not have reached its Nurse Director.

Fortunately for the reader this report is confined to Nurse Directors of Child Hygiene Bureaus. Not from lack of appreciation of the services of the physicians who are Directors are their names omitted, but because in this limited space it is impossible to include all of the 40 State Directors of Child Health Activities, and this article is written for a nursing journal.

Suffice to say, other directors are carrying on activities which are amazingly interesting and I am anticipating from one State Department a real picture of what coördination and coöperation can mean. One of the delightful privileges of being a Field Director of a private organization is that of knowing state and local health and educational departments, for to know them is to realize that "We need faith in our cause, perfect organization, courage and indomitable perseverance, to win in this or any other fight. And if we have these fundamental qualifications the fight can be won."